



27-001

Atty. Dkt. No. 070191-0239

CHIV's CO'S HOUSE OF CO.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Lamer et al.

Title:

PATIENT DATA

INFORMATION SYSTEM

Appl. No.:

09/474,569

Appl. Filing Date:

12/29/1999

Examiner:

Tran, M.

Art Unit:

2174

CERTIFICATE OF MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below.

Karen Meier

(Printed Marky)

(Signature)

March 17, 2003

(Date of Deposit)

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Box RCE

Commissioner for Patents Washington, D.C. 20231

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

- 1. Submission required under 37 C.F.R. §1.114: (check items that apply)
 - b. Enclosed are:

03/25/2003 BNGUYEN1 00000075 502401 09474569

[X] Amendment (13 pages)

01 FC:1801 02 FC:1202 72.00 CH 72.00 CH 84.00 CH

The filing fee is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Fee Totals
RCE Fee 1.17(e)							\$750.00		\$750.00
Total Claims:	35	_	31	= '	4	x	\$18.00	=	\$72.00
Independents:	4	_	3	= '	1	x	* \$84.00	Ė	\$84.00
First presentation of any Multiple Dependent Claims: + \$280.00 CLAIMS FEE TOTAL:								=	\$0.00
								=	\$906.00

- [X] Please charge deposit account 50-2401 in the amount of <u>\$906.00</u> to cover the filing fee. A duplicate copy of this transmittal is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-2401.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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